



GEO-INSTITUTE

PLEASE PRINT CLEARLY

EXHIBIT SPACE APPLICATION – CONTRACT

GeoenvironMeet

Hilton Portland Downtown – Portland, OR • September 8-11, 2024

Return signed contract to: BCURTIS@ASCE.ORG

Tel: 800-548-2723 • Fax: (877) 442-7214

Are you a first-time exhibitor? YES No

COMPANY _____

Contact Name _____ Contact Job Title _____

Street Address/ P.O Box# _____

City / State / Zip / Country _____

Phone _____ Fax _____ 800# _____

E-mail _____ Web site _____

P.R. Contact / Firm _____ P.R. Contact Phone _____

Exposition Fee Payment Schedule

- \$2,295 10x10 In-Line; \$2,495 10x10 Corner; \$3,995 10x20 (before May 1, 2024, 50% deposit due with contract; balance due June 1, 2024)
• \$2,595 10x10 In-Line; \$2,795 10x10 Corner; \$4,495 10x20 (after May 1, 2024, 100% of the total fee due with contract)

Applications must be accompanied by 50% of the total space rental made payable to ASCE/2024 Geo Exhibits, if mailed before May 1, 2024. All contracts submitted after May 1, 2024, must be accompanied by full payment.

Payment Information: Preferred methods of payment are ACH / Wire Transfer; Check; and e-Check.

Table with 3 columns: ACH / Wire Transfer, Check, e-Check. Contains bank and contact information for each payment method.

For credit cards and other payment information, please reach out to your sales representative or sales@asce.org. ASCE does not accept credit card information through email - please call 1-703-295-6328 to process such payments.

Space Requirements: Booth Size _____ x _____ Corner: [] YES [] No

Booth Selection: 1. _____ 2. _____ 3. _____ 4. _____

Please assign near, if possible: _____

DO NOT assign near, if possible: _____

Special Requirements (e.g., carpet aisles, hanging banners, archways, etc.) _____

Authorized Exhibitor Signature _____ Date, Print Name _____

Accepted by Exhibit Management _____ Date _____

By submission of this contract, the exhibitor agrees to abide by all the terms of this agreement and by ASCE's vendor terms and conditions found here - https://www.ascemediasales.org/terms-conditions

FOR SHOW OFFICE ONLY

Date Received _____ Total Square Feet _____ Amount Paid \$ _____
Booth # _____ Cost of Booth \$ _____ Amount Retained \$ _____
#of Corners _____ Deposit Paid \$ _____ Refund Due \$ _____
Dimension _____ X _____ Balance Due \$ _____ Cancellation Date _____
Number of Years _____ Company ID: _____